

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058232

1. Entity Name

I-DEAL QUALITY ENTERPRISES, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90062 025 \*\*\*558.75

Principal Place of Business

RURAL RT. 17, BOX 1003-4  
LAKE CITY FL 32055

Mailing Address

RURAL RT. 17, BOX 1003-4  
LAKE CITY FL 32055

2. Principal Place of Business

RURAL RT 17 Box 894

3. Mailing Address

RURAL RT. 17 Box 894

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE CITY FL

City & State

LAKE CITY FL

4. FEI Number

59-3521547

Applied For

Not Applicable

Zip

32055

Country

USA

Zip

32055

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASTELLANOS, GAIL R  
RURAL RT. 17, BOX 1003-4  
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE P  
NAME CASTELLANAS, GAIL R ☐ Delete  
STREET ADDRESS RR 17 BOX 1003-4  
CITY-ST-ZIP LAKE CITY FL 32055

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME CASTELLANOS, GAIL R  
STREET ADDRESS RR 17 BOX 894  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Gail R Castellanos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00  
Date

904-735-1964  
Daytime Phone #

CR2E034 (5/00)